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Approved for use through 10/31/2002. OMB 0651-0032
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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted With Initial
Filing Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (a))
required)

Attorney Docket Number	72425.0105
First Named Inventor	Scott
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**INCORPORATION OF DRILLING CUTTINGS INTO STABLE LOAD-BEARING
STRUCTURES**

the specification of which

(Title of the Invention)

 is attached hereto

OR

 was filed on (MM/DD/YYYY) as United States Application Number or PCT InternationalApplication Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.66, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
00/311,438	08/10/2001	<input type="checkbox"/>

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/91 (10-00)

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DECLARATION — Utility or Design Patent Application

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Name	John G Fletcher					
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Address						
City			State	ZIP		
Irving			TX	75063-4676		
Country	Telephone			Fax		
USA	972/401-0101			972/402-7272		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name		Family Name Scott or Surname				
J. Blake						
Inventor's Signature	<i>Bill Scott</i>					Date 01/03/2002
Residence: City	State	Country		Citizenship		
Longview	TX	USA		USA		
Mailing Address 2300 Bill Owens Parkway						
Mailing Address No. 114						
City	State	ZIP	Country			
Longview	TX	75604	USA			
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name		Family Name or Surname				
Inventor's Signature	Date					
Residence: City	State	Country		Citizenship		
Mailing Address						
Mailing Address						
City	State	ZIP	Country			

 Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

[Page 2 of 2]

01/03/2002 12:33 FAX

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PTO/SB/81 (10-00)

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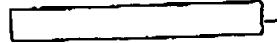
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POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Scoll
Group Art Unit	
Examiner Name	
Attorney Docket Number	12425.0105

I hereby appoint:

 Practitioners at Customer Number 

OR

 Practitioner(s) named below:

Name	Registration Number
John G. Fischer	41,748

Place Customer
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

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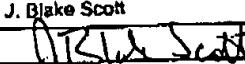
OR

<input checked="" type="checkbox"/> Firm or Individual Name	John G. Fischer				
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City	Irving	State	TX	ZIP	75063-4876
Country	USA				
Telephone	972/401-0101	Fax	972/402-7272		

I am the:

 Applicant. Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	J. Blake Scott
Signature	
Date	01/03/2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below.

Total of forms are submitted.

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